



**DEPARTMENT OF INSURANCE  
STATE OF ARIZONA**

*Financial Affairs Division - Compliance Section*  
2910 North 44<sup>th</sup> Street, Suite 210  
Phoenix, Arizona 85018-7269  
Phone: (602) 364-3998  
Fax: (602) 364-3989

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**UNAFFILIATED CREDIT LIFE AND DISABILITY REINSURER  
ANNUAL STATEMENT FILINGS WORKSHEET  
CALENDAR YEAR 2005**

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ARIZONA COMPANY CODE NO: \_\_\_\_\_

COMPANY: \_\_\_\_\_ DOMICILE: AZ

Initial if Enclosed	Initial at left for each item enclosed with Annual Statement	Agency Use Only
_____	A. Annual Statement – 8-1/2" X 14" (BLUE JACKET, SECURELY BOUND in two-sided book form) .....	_____
	<b>WHICH MUST INCLUDE TO BE COMPLETE:</b>	
_____	1. Jurat Page.....	<input type="text"/>
_____	a. Two Authorized Original Signatures.....	<input type="text"/>
	(SIGNERS NAMES <b>MUST</b> BE LISTED ON THE JURAT PAGE)	
_____	b. Notarized Signatures.....	<input type="text"/>
 <b><u>THE FOLLOWING REPORTS MUST BE ATTACHED TO THIS WORKSHEET:</u></b>		
_____	B. Form E-UCLDR.CERT Annual Certification and Affidavit of Verification .....	_____
	<b>WHICH MUST INCLUDE TO BE COMPLETE:</b>	
_____	1. Original Signatures of President and Secretary or provide a certified <u>Corporate Resolution of Authorization</u>	
	for signers other than the President and Secretary .....	<input type="text"/>
_____	2. Notary signature and stamp or seal .....	<input type="text"/>
_____	C. Copy of Financial Institution Statement of Trust Deposit and/or a copy of Letter(s) of Credit that secure reserves	
	pursuant to A.R.S. § 20-1094.01. If funds are withheld by ceding insurers, provide a copy of the cession	
	statement(s) disclosing the amount of funds withheld. ....	
_____	D. Form E-178UCLDR Certificate of Disclosure .....	_____
	<b>WHICH MUST INCLUDE TO BE COMPLETE:</b>	
_____	1. E-178UCLDR, Part A must be answered yes or no (If yes, must have attachment) .....	<input type="text"/>
_____	2. E-178UCLDR, Part B must be answered yes or no (If yes, must have attachment) .....	<input type="text"/>
_____	3. Two Executive Officer Original Signatures .....	<input type="text"/>
	(SIGNERS NAMES <b>MUST</b> BE LISTED ON THE JURAT PAGE)	
_____	a. Notary signature and stamp or seal .....	<input type="text"/>

PREPARED BY: \_\_\_\_\_

\_\_\_\_\_  
Name & Title

\_\_\_\_\_  
Collect / Toll Free Phone Number

E-MAIL ADDRESS, IF AVAILABLE: \_\_\_\_\_